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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Friends of Jim Clyburn Post Office Box 12567 ADDRESS (number and street) (Check if address is changed) Columbia 29211 SC CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS fec@clyburnforcongress.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) clyburnforcongress.com (Check if address is changed) DATE 2023 C00255562 FEC IDENTIFICATION NUMBER > 3. IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Bennett, James, , , Type or Print Name of Treasurer Bennett, James, , , [Electronically Filed] 04 2023 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

E	C Form 1 (Revised 03/2022)	Page 2
	TYPE OF COMMITTEE:	
	Candidate Committee:	
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the car information below.)	ıdidate
	Name of Clyburn, James, E., ,	
	Party Affiliation DEM Sought: House Senate President	State SC istrict 06
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
	Party Committee:	
	(d) This committee is a (National, State or subordinate) committee of the Republican, etc.)	Party
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	anization is a:
	Corporation Corporation w/o Capital Stock Labor Organia	zation
	Membership Organization Trade Association Cooperative	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated function committee. (i.e., nonconnected committee)	d or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	(g) This committee is an independent expenditure-only political committee (Super PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	Joint Fundraising Representative:	
	(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more committees/organizations, at least one of which is an authorized committee of a federal candidate.	e political
	(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more committees/organizations, none of which is an authorized committee of a federal candidate.	re political
	Committees Participating in Joint Fundraiser	
	1	

l	FEC Form 1 (Re	evised 02/2009)	Page 3
V	/rite or Type Committee		
		Jim Clyburn	
3.	Name of Any Connect NONE	cted Organization, Affiliated Committee, Joint Fundraising Representative, or Lo	eadership PAC Sponsor
	INOINE		
	Mailing Address		
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Con	nnected Organization Affiliated Organization Joint Fundraising Representative	Leadership PAC Sponsor
7.	Custodian of Records books and records.	s: Identify by name, address (phone number optional) and position of the person in po	ossession of committee
	Bro	z, Randall, , ,	
	Full Name		
	Mailing Address	499 South Capital Street	
		Suite 420	1
		Washington DC 2	20003
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Custodian of Records	Telephone number]
3.		ame and address (phone number optional) of the treasurer of the committee; and (e.g., assistant treasurer).	the name and address of
	Full Name Ber	nnett, James, , ,	
	of Treasurer		
	Mailing Address	P.O. Box 12567	
		Columbia SC 2	29211
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer		403 0606

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Full Name of Designated			<u> </u>
Agent			
Mailing Address			
Title or Position	CITY ▲	STATE ▲	ZIP CODE ▲
	Telephone n	umber	
	Depositories: List all banks or other depositories in which the committees or maintains funds.	ittee deposits fo	unds, holds accounts, rents
Name of Bank, D	epository, etc.		
	South State Bank		
Mailing Address	520 Gervais Street		
	Columbia	SC	29201
	CITY A	STATE ▲	ZIP CODE ▲
Name of Bank, D	epository, etc.		
	Wells Fargo		
Mailing Address	1441 Main Street		
		<u> </u>	
	Columbia	SC	29201
	CITY ▲	STATE ▲	ZIP CODE ▲

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ame of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Spo Mailing Address CITY				
Mailing Address Relationship: CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC s esignated Agent: Identify by name, address (phone number – optional) Full Name STATE ▲ ZIP CODE ▲ TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number	4.			
Relationship: CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC s esignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number	ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	raising Representative	e, or Leadership PAC Spon
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Columbia SC 29201	Full NameMailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or mailing ame of Bank, BB&T	ries: List all banks or other depositories in which	STATE A	ZIP CODE A
Columbia SC 29201 _	Full Name	composition of the position of	STATE A	ZIP CODE A
	esignated Agent: Identify Full Name	composition of the position of	STATE A	ZIP CODE A

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(h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
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3.				FEC	ID number	С		Ι
4				FEC	ID number	С		
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(h). Joint Fundraisi r	g Farticipant.		
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4.		FEC ID number	C
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Mailing Address			
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